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| **CBHI Form No.6B(ii)** |
| **Annual (District)** |

**NUMBER OF PRIVATE SECTOR ALLOPATHIC, DENTAL & AYUSH MEDICAL AND HEALTH CARE INSTITUTION AND BEDS IN RURAL AND URBAN AREAS IN THE STATE/UT AS ON 31st DECEMBER OF REPORTING YEAR.**

**Name of the State:**

**Name of the District: Reporting Year............**

**CONSOLIDATED INFORMATION FOR THE DISTRICT - Separate sheet for each District**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Type of Infrastructure (Pl.specify below)** | **RURAL** | **URBAN** | **TOTAL** |
| **No. of Hospitals** | **No. of Beds** | **No. of Hospitals** | **No. of Beds** | **No. of Hospitals** | **No. of Beds** |
| 1 | Clinic/Poly Clinic (Without Beds) |   |   |   |   |   |   |
| 2 | Gen. Hospital/Nursing Home with common Speciality |   |   |   |   |   |   |
| 3 | Gen. Hospital/Nursing Home with Super -Speciality only |   |   |   |   |   |   |
| 4 | Super Speciality Hospital |   |   |   |   |   |   |
| 5 | Dental Hospital |   |   |   |   |   |   |
| 6 | AYUSH Hospital |   |   |   |   |   |   |
| 7 |  Others (Specify) |   |   |   |   |   |   |
| 7.1 |   |   |   |   |   |   |   |
| 7.2 |   |   |   |   |   |   |   |
| 7.3 |   |   |   |   |   |   |   |
|  | **TOTAL** |  |  |  |  |  |  |

**Note:** The district wise Information for all the District & State/UT are attached.

**Duly completed proforma as on December should be sent to reach CBHI, New Delhi by 25th January of the succeeding year through E-mail: dircbhi@.nic.in to enable CBHI for national compilation by February.**

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| --- | --- |
| **Signature** |  |
| **Name & Designation** |  |
| **Address with Tel/Fax & Email** |  |
|  |

**To**

**The Director**

**Central Bureau of Health Intelligence (CBHI)**

**401-A, Nirman Bhawan, New Delhi – 110108**

**Email:dircbhi@nic.in, Tel/Fax : 91-011-23063175/23062695**